

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90989 018 \*\*\*150.00

**DOCUMENT # P98000050021**

1. Entity Name

**SOUTH MIAMI MEDICAL ARTS CENTER, INC.**

Principal Place of Business

Mailing Address

6655 SOUTH DIXIE HIGHWAY  
 SOUTH MIAMI FL 33143

6655 SOUTH DIXIE HIGHWAY  
 SOUTH MIAMI FL 33143-7919

2. Principal Place of Business

**7775 S.W. 87th Avenue**

3. Mailing Address

Suite, Apt. #, etc.  
**#100**

Suite, Apt. #, etc.

City & State  
**MIAMI, FLORIDA**

City & State

4. FEI Number  
**65-0840041**

Applied For  
 Not Applicable

Zip  
**33173**

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NEWMAN, MICHAEL P**  
**6655 SOUTH DIXIE HIGHWAY**  
**SOUTH MIAMI FL 33143**

Name

Street Address (P.O. Box Number is Not Acceptable)

**7775 S.W. 87th Avenue #100**

City  
**MIAMI**

FL

Zip Code  
**33173**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature typed or printed name of the registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD NEWMAN, MICHAEL P 8250 SW 95TH ST MIAMI FL 33156</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**MICHAEL P. NEWMAN**

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Date

Daytime Phone #

*3/29/00*

**305.662.2007**

CR2E034 (9/99)